

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED MAY 9 1963

1. PLACE OF DEATH

a. COUNTY

PERRY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN PERRYVILLE

Length of stay in 1b.

LIFE

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION P.E. MEM. HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

PERRY

c. CITY OR TOWN

PERRYVILLE

Inside Limits:

Yes ☒ No ☐

d. STREET ADDRESS

118 E. ST. JOSEPH

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

PETER A FASSOLD

4. DATE OF DEATH

APRIL 27 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-30-1877

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SELF EMPLOYED

10b. KIND OF BUSINESS OR INDUSTRY

FEED STORE

11. BIRTHPLACE (City and state or country)

PERRY COUNTY

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

MICHAEL FASSOLD

13b. MOTHER'S MAIDEN NAME

KUNIGUNDA WIRTH

14. NAME OF HUSBAND OR WIFE

LOUISE MECKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

LINDA BOEHME PERRYVILLE, MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute + chronic cholecystitis

INTERVAL BETWEEN ONSET AND DEATH

2 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

0 Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

9-6-1958 to 4-27-1963 and last saw him alive on 4-27-1963  
1:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Perryville, Mo.

22c. DATE SIGNED

4-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4-29-1963

23c. NAME OF CEMETERY OR CREMATORY

EMMANUEL LUTHERAN

23d. LOCATION (City, town, or county)

PERRYVILLE, MO

24. FUNERAL DIRECTOR

ADDRESS

Young & Sons Perryville Mo

25. DATE RECD. BY LOCAL REG.

4-29-63

26. REGISTRAR'S SIGNATURE

Joel Joellner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0795

2 0795

3

4 0

5 2

6

7 0

8 2

9585X

10

11

12 1-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.